

**This is Amendment I to funding opportunity announcement**

**CDC-RFA-GH11-1130 made on 3/3/2011**

**Pages 51-53: Questions and Answers**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)**

Centers for Disease Control and Prevention (CDC)

**Supporting Indigenous Organizations to Implement and Expand  
Comprehensive HIV/AIDS Prevention, Care and Treatment in the Republic  
of Mozambique under the President's Emergency Plan for AIDS Relief  
(PEPFAR)**

**I. AUTHORIZATION AND INTENT**

**Announcement Type:** New

**Funding Opportunity Number:** CDC-RFA-GH11-1130

**Catalog of Federal Domestic Assistance Number:** 93.067

**Key Dates:**

**Application Deadline Date:** April 11, 2011, 5:00pm U.S. Eastern Standard Time

**Authority:**

This program is authorized under Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601, et seq.] and Public Law 110-293 (the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008).

**Background:**

The President's Emergency Plan for AIDS Relief (PEPFAR) has called for immediate, comprehensive and evidence based action to turn the tide of global HIV/AIDS. As called for by the PEPFAR Reauthorization Act of 2008, initiative goals over the period of 2009 through 2013 are to treat at least three million HIV infected people with effective combination anti-retroviral therapy (ART); care for twelve million HIV infected and affected persons, including five million orphans and vulnerable children; and prevent twelve million infections worldwide (3,12,12). To meet these goals and build sustainable local capacity, PEPFAR will support training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment and care. The Emergency Plan *Five-Year Strategy* for the five year period, 2009 - 2014 is available at the following Internet address: <http://www.pepfar.gov>.

**Purpose:**

Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's Emergency Plan, the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (HHS/CDC) works with host countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the host nation's strategic plan and partnership framework.

HHS/CDC focuses primarily on two or three major program areas in each country. Goals and priorities include the following:

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs linked with evidence

based behavioral change and building programs to reduce mother-to-child transmission;

- Improving the care and treatment of HIV/AIDS, sexually transmitted infections (STIs) and related opportunistic infections by improving STI management; enhancing laboratory diagnostic capacity and the care and treatment of opportunistic infections; interventions for intercurrent diseases impacting HIV infected patients including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART);
- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STI/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease monitoring and HIV screening for blood safety.
- Developing, validating and/or evaluating public health programs to inform, improve and target appropriate interventions, as related to the prevention, care and treatment of HIV/AIDS, TB and opportunistic infections.

In an effort to ensure maximum cost efficiencies and program effectiveness, HHS/CDC also supports coordination with and among partners and integration of activities that promote Global Health Initiative principles. As such, grantees may be requested to participate in programmatic activities that include the following activities:

- Implement a woman- and girl-centered approach;
- Increase impact through strategic coordination and integration;

- Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement;
- Encourage country ownership and invest in country-led plans;
- Build sustainability through investments in health systems;
- Improve metrics, monitoring and evaluation; and
- Promote research, development and innovation.

HHS/CDC Mozambique, in conjunction with other US government agencies is supporting the Government of the Republic of Mozambique in the expansion of HIV prevention, care and treatment throughout the country. The rapid scale up of HIV/AIDS programs in recent years in Mozambique requires improved approaches to technical assistance, capacity building, and monitoring and evaluation to achieve the goals laid out by the Mozambique Ministry of Health (MoH), the President's Emergency Plan for AIDS Relief (PEPFAR) and the Partnership Framework that was signed between the US Government (USG) and Government of Mozambique (GoM).

This announcement builds upon previous PEPFAR support to the GoM under the HHS/CDC Track 1 HIV clinical services and antiretroviral treatment program and is aimed at 1) transferring activities and responsibilities to local non-governmental organizations (NGOs), and 2) assuring the continuity of comprehensive services currently being provided to an existing pool of patients, clients, and families receiving HIV/AIDS prevention, care, support, and antiretroviral treatment in (seven) geographic locations of Mozambique namely: Maputo City, and the provinces of Maputo, Gaza, Inhambane, Nampula, and Cabo Delgado.

The purpose of this program is to engage established Local Non-Governmental Organizations (LNGO) in Mozambique to expand and sustain quality HIV services without life-threatening disruptions of services to the people who need these services. This FOA covers a wide range of activities primarily within the spectrum of HIV treatment services but also includes other services such as HIV prevention and care. More specifically, this FOA will focus on hiring of staff , conducting pre- and in-service training, and the provision of clinical mentoring, strengthening linkages with community programs amongst other tasks.

The grantee(s) will work in collaboration with the Mozambican Ministry of Health (MoH) and provincial health directorates, other local and international partners, the USG PEPFAR team and HHS/CDC office in Mozambique to improve the breadth, scale and quality of HIV interventions provided in Mozambique. Throughout the life of this award, the scope of direct support for implementation of HIV services by the successful applicant will progressively increase as more of the program activities and expansion goals are transitioned from international Technical Assistance partners to local partners including indigenous non-governmental organizations. This progressive shift in implementation is expected to happen within the lifetime of this project and will be jointly monitored in collaboration with the local organization, relevant GoM entities and HHS/CDC country teams. All activities implemented under this announcement should be in alignment with Mozambican national plans, guidelines, and policies.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) and represent the minimum outcomes expected to be achieved by each grantee by the end of year five. Performance targets are subject to change, by the CDC Mozambique team, to account for variations in funding levels, changing priorities and existing reporting systems.

**Comprehensive HIV Prevention Programs:**

- By the end of the project period, 95 % of pregnant and immediate post-partum women will know their HIV status (includes women who were tested for HIV and received their results);
- By the end of the project period, 95% of HIV-positive pregnant women will receive antiretroviral drugs to reduce risk of mother-to-child-transmission;
- By the end of the project period, 80% of infants born to HIV-positive women will receive an HIV test within 12 months of birth; and
- By the end of the project period, 80% of ART patients and 80% of pre-ART patients registered in health facility will receive a minimum package of Prevention with Positives (PwP) interventions.

**Support Expansion of Quality Clinical Care and Treatment Services:**

**1. HIV Care and support:**

- a. By the end of the project period, 90% of HIV-positive persons are enrolled in clinical services receiving cotrimoxazole prophylaxis;

- b. By the end of the project period, 80% of HIV-positive clinically malnourished clients (clinical care patients) receive therapeutic or supplementary food;
- c. By the end of the project period, 10 % of HIV-positive patients in HIV care or treatment (clinical care, pre-ART or ART) are diagnosed with TB;
- d. By the end of the project period, 80% of children (<18 months) born to HIV-positive pregnant women are started on Cotrimoxazole prophylaxis within two months of birth; and
- e. By the end of the project period, 90% of HIV-infected pregnant women in Antenatal care (ANC) setting start Cotrimoxazole prophylaxis.

**2. TB/HIV:**

- a. By the end of the project period, 95% TB patients have HIV test results recorded in the TB register;
- b. By the end of the project period, 80% of HIV-positive clinical care patients are screened for TB in HIV care/treatment settings at each visit;
- c. By the end of the project period, 90% of HIV-infected TB patients are started on ART; and
- d. By the end of the project period, 90% of TB/HIV co-infected patients are started on cotrimoxazole prophylaxis.

**3. Antiretroviral Therapy (ART):**

- a. By the end of the project period, 15 % of new patients started on ART are children; and

- b. By the end of the project period, 80 % of adults and children are known to be alive and on treatment 12 months after initiation of antiretroviral therapy.

**Strengthening Data Management, and Monitoring and Evaluation Systems:**

1. By the end of the project period, 80% of supported districts have data verified in at least one HIV-related service each year by a team from the provincial health directorate and/or the grantee;
2. By the end of the project period, 80% of supported districts in which data verification has occurred achieve at least 90% consistency;
3. By the end of the project period, 80% of supported districts in which there was a partner technical assistance (TA) supervision visit focusing on HMIS/M&E (NEP to NED) at least two times a year;
4. By the end of the project period, 80% of districts in which there was a Provincial Health Offices (DPS) supervision visit focusing on HMIS/M&E (NEP to NED) at least two times a year; and
5. Annual provincial report on implementation of HIV and other HIV related program activities produced and disseminated each year.

**Health System Strengthening (HSS):**

1. By the end of the project period, 90% of newly graduating health care workers from a pre-service training institution targets are met each year;
2. By the end of the project period, 90% of health care workers supported in a pre-service training institution targets are met each year;

3. By the end of the project period, 85 % of staff recruitment targets at supported sites are met each year
4. By the end of the project period, 80% of in-service trainings are executed each year; and
5. By the end of the project period, 75% of planned renovations (electricity, water, physical renovations) are completed on time.

**Engagement with Community and Faith-based Organizations in the Province:**

1. By the end of the project period, 75% of districts (in each province) have at least one organization mentored in organization development and community HIV prevention, care, and support; and
2. By the end of the project period, 10-15% of the grantee funds are allocated to community- or faith-based organizations through sub-awards to support adherence to antiretroviral treatment and care services.

This announcement is only for non-research activities supported by the Centers for Disease Control and Prevention within HHS (HHS/CDC). If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm>.

**II. PROGRAM IMPLEMENTATION**

**Recipient Activities:**

Partners receiving HHS/CDC funding must place a clear emphasis on developing local indigenous capacity to deliver HIV/AIDS related services to the Mozambican population and must also coordinate with activities supported by Mozambican, international or USG agencies to avoid duplication. Partners receiving HHS/CDC funding must collaborate across program areas whenever appropriate or necessary to improve service delivery.

The selected applicant(s) of these funds is responsible for activities in multiple program areas.

The grantee will implement activities both directly and, where applicable, through sub-grantees; the grantee will, however, retain overall financial and programmatic management under the oversight of HHS/CDC and the strategic direction of the Office of the U.S. Global AIDS Coordinator. The grantee must show measurable progressive reinforcement of the capacity of health facilities to respond to the national HIV epidemic as well as progress towards the sustainability of activities.

Applicants should describe activities in detail that reflect the policies and goals outlined in the *Five-Year Strategy* for the President's Emergency Plan and the Partnership Framework for Mozambique. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in Mozambique will review as part of the annual Emergency Plan review-and-approval process managed by the Office of the U.S. Global AIDS Coordinator.

The grantee may work on some of the activities listed below in the first year and in subsequent years, and then progressively add others from the list to achieve all of the Emergency Plan performance goals as cited in the previous section. HHS/CDC, under the guidance of the U.S. Global AIDS Coordinator, will approve funds for activities on an annual basis, based on availability of funding and USG priorities, and based on documented performance toward achieving Emergency Plan goals, as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review-and-approval process.

Grantee activities for this program are as follows:

Successful grantees will combine facility and community-based strategies to deliver HIV/AIDS services in one or more of the target geographic areas of this announcement (Maputo City, and the provinces of Maputo, Gaza, Inhambane, Nampula and Cabo Delgado). Implementation strategies should reflect the needs of the Mozambican context and needs of the provincial and district health directorates in order to maximize reach and to promote substantial Mozambican ownership of the program.

Activities will include, but are not be limited to:

- 1) Support implementation of comprehensive HIV facility-based prevention programs, counseling and testing, and prevention of mother-to-child transmission (PMTCT);

- 2) Support expansion of quality clinical care and treatment services including pediatric and adult care and treatment of HIV/AIDS; improved management of STIs and opportunistic infections, including tuberculosis (TB);
- 3) Strengthen national HIV/AIDS data management and monitoring and evaluation systems by improving site-level data collection, verification, analysis, use, and reporting.
- 4) Strengthen health system through support to human resources for health including training, supervision, and clinical mentoring; mentoring in financial management, quality improvement; technical and logistics management support for laboratory, commodities in health facilities, and improvement of infrastructure necessary for the delivery of comprehensive HIV services.
- 5) Engage with organizations responsible for the delivery of community-based HIV/AIDS interventions in the province and districts through training, mentoring and development of sub-agreements and memoranda of agreements with community-based and faith-based organizations to ensure a continuity of prevention, care, and treatment services for patients in the district and province.
- 6) Implement organizational capacity development activities to strengthen Mozambican organizations, including the grantees' own organization, other local partners, and district and provincial health authorities.

The successful grantees will focus activities in the following geographic areas that are currently supported by CDC-funded clinical partners: Maputo, Gaza, Inhambane,

Nampula, and Cabo Delgado provinces and Maputo City. During the first year of the award (Year 1) the successful grantees will focus activities in 2 or 3 provinces and in supporting community-based/faith-based HIV interventions as well as health system strengthening. In subsequent years, geographic focus will be reassessed and expanded in consultation with CDC Mozambique, when there will be a progressive expansion in the coverage area, quality and range of interventions.

The successful grantees should work in collaboration with the USG in-country PEPFAR team, the Mozambican MoH, National AIDS Council (CNCS), Ministry of Women and Social Action (MMAS), provincial and district health authorities and other stakeholders to achieve program outcomes and to identify cost-effective methods of providing high-quality HIV care and treatment services that promote sustainability.

The successful grantee should avoid overlap and duplication of services in areas where other USG implementing partners are already working in order to maximize and efficiently utilize resources to complement the national HIV/AIDS program. Applicants should, however, provide an integrated approach to comprehensive HIV/AIDS services by putting in place or linking to existing systems in order to promote sustainable, integrated care and treatment programs (e.g., to provide adequate human capacity for service delivery, an uninterrupted supply of HIV-related drugs and health commodities, infrastructure maintenance and repairs, monitoring and evaluation systems, high-quality laboratory support, supportive clinical supervision, and referrals within a network of care).

**CDC Activities:**

The selected applicant of this funding competition must comply with all HHS/CDC management requirements for meeting participation and progress and financial reporting for this cooperative agreement (See HHS/CDC Activities and Reporting sections below for details), and comply with all policy directives established by the Office of the U.S. Global AIDS Coordinator.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Organize an orientation meeting with the grantee to brief it on applicable U.S. Government, HHS, and Emergency Plan expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.
2. Work with the grantee to develop appropriate terms of reference and scopes of works for all key personnel and/or post-award subcontractors or subgrantees. Additionally, and if needed, review and make recommendations to the process used by the grantee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement.

3. Review and make recommendations to the grantee's annual work plan and detailed budget, as part of the Emergency Plan for AIDS Relief Country Operational Plan review-and-approval process, managed by the Office of the U.S. Global AIDS Coordinator.
4. Review and make recommendations to the grantee's monitoring-and-evaluation plan, including for compliance with the strategic-information guidance established by the Office of the U.S. Global AIDS Coordinator.
5. Meet on a monthly basis with the grantee to assess monthly progress and expenditures in relation to approved work plan and modify plans, as necessary.
6. Review grantees quarterly reports and provide feedback in a timely manner; these reports are to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Conduct an annual review and progress report with the grantee to assess progress for each U.S. Government Fiscal Year, and to review annual work plans and budgets for subsequent year, as part of the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.
8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include providing mentoring and technical assistance, and targeted training activities in specialized areas, such as program and project management, monitoring and evaluation, establishing health information systems, confidential counseling and testing, palliative care, treatment literacy, and adult-learning techniques.

9. Provide in-country administrative support to help grantee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428 (Public Health Service Form 5161).
10. Collaborate with the grantee on designing and implementing the activities listed above, including, but not limited to the provision of technical assistance to develop program activities, data management and analysis, quality assurance, the presentation and possibly publication of program results and findings, and the management and tracking of finances.
11. Provide consultation and scientific and technical assistance based on appropriate, HHS/CDC and Office of the U.S. Global AIDS Coordinator documents to promote the use of best practices known at the time.
12. Assist and collaborate with the grantee in developing and implementing quality-assurance criteria, procedures and systems.
13. Facilitate in-country planning and review meetings for technical assistance activities. This planning is intended to be in close collaboration with the Government of Mozambique: provincially and at a district level.
14. Provide technical oversight for all activities under this award.
15. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters.
16. Provide the grantee with protocols for related evaluations; additionally, collaborate with the grantee in the design and development of operational research protocols as needed

17. As part of substantial involvement, CDC will also collaborate with the grantee to develop training and service delivery models under the guidance of the Government of Mozambique.

18. CDC will work with grantee to adjust program activities as needed in order to avoid overlap and duplication of services in areas where other USG implementing partners are working in order to maximize and efficiently utilize resources, to complement the national HIV/AIDS program, and to continue to strengthen the Mozambican national health system's leadership and management of HIV/AIDS services.

Please note: Either HHS staff or staff from organizations that have successfully competed for funding under a separate HHS contract, cooperative agreement or grant will provide technical assistance and training.

### **III. AWARD INFORMATION AND REQUIREMENTS**

**Type of Award:** Cooperative Agreement.

**Award Mechanism:** U2G – Global HIV/AIDS Non-Research Cooperative Agreements

**Fiscal Year Funds:** FY 2011

**Approximate Current Fiscal Year Funding:** \$2,000,000

**Approximate Total Project Period Funding:** \$20,000,000 (This amount is an estimate, and is subject to availability of funds and includes direct costs for international organizations or direct and indirect costs for domestic grantees for all years.)

**Approximate Number of Awards:** Two

**Approximate Average Award:** \$1,000,000 (This amount is for the first 12 month budget period, and includes direct costs for international organizations or direct and indirect costs for domestic grantees.)

**Floor of Individual Award Range:** None

**Ceiling of Individual Award Range:** None (This ceiling is only for the first 12 month budget period and includes direct costs for international organizations or direct and indirect costs for domestic grantees.)

**Anticipated Award Date:** September 2011

**Budget Period Length:** 12 months

**Project Period Length:** Five years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.

#### **IV. ELIGIBILITY**

Eligibility is limited to locally registered Mozambican organizations with the capacity to implement HIV Prevention, Care and Treatment programs.

#### **Justification:**

HHS/CDC supports sustainable public health programming through direct and collaborative assistance domestically with State and Local Health Departments and globally with Ministries of Health, and other government entities. When appropriate and

in the best interest of the U.S. Government, HHS/CDC also supports local, indigenous organizations to further sustainable, country-led global public health programming to support the effort of the Ministries of Health. A core principle of President Obama's Global Health Initiative is the support for country ownership, and a major priority of PEPFAR's second phase is to increase the capacity of countries at both the government and civil society level to manage, oversee, and operate their health systems.

Eligibility is limited to locally registered Mozambican organizations. HHS/CDC's support for the scale-up of ART treatment programs during the first phase of PEPFAR engaged international partners to build the capacity of the Mozambique health system is to provide sustainable ART treatment services, in collaboration with the Ministry of Health and local partners. Under PEPFAR legislation, HHS/CDC is authorized to transition leadership of programs and services (including ART services) to local ownership, with the ultimate aim of full transition of all appropriate activities to the MoH, indigenous non-governmental organizations and other governmental entities that have the jurisdictional authority to directly finance and perform these programs and services.

The Limited Eligibility Justification is to encourage a competitive environment among local organizations in Mozambique, in this case indigenous non-governmental organizations, in support of transitioning programs and services to local ownership in Mozambique and to ensure the provision of appropriate activities and the long-term capacity and development of all aspects of the health system by these organizations.

Support for local civil society organizations in Mozambique will encourage the development of sustainable, cost-effective capacity in the public health systems to support the GoM HIV/AIDS strategy through a stronger civil society response, and also reduce the establishment of parallel capacity and systems by external U.S.-based organizations. Estimated ART treatment coverage in Mozambique is low, with coverage of ART services currently reaching 30% of the population in need of these services under new WHO ART treatment guidelines from 2010 (UNAIDS, 2010). During PEPFAR II, the mandate for continuing the scale-up of ART services in Mozambique requires a shift to increasingly more cost efficient service delivery support in order to address the still unmet treatment needs of the population.

This is in direct alignment with the GoM plans for scaling up integrated HIV services, the decentralization process to the Provincial and District Health directorates, and the need to strengthen community and civil society response to HIV/AIDS in the country.

**SPECIAL ELIGIBILITY CRITERIA: Licensing/Credential/Permits**

Cost Sharing or Matching

Cost sharing or matching funds are not required for this program. If applicants receive funding from other sources to underwrite the same or similar activities, or anticipate receiving such funding in the next 12 months, they must detail how the disparate streams of financing complement each other.

Maintenance of Effort

Maintenance of Effort is not required for this program.

### Other

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The applicant will be notified that the application did not meet the eligibility requirements.

### **Special Requirements:**

1. PEPFAR Local Partner definition:

A “local partner” may be an individual or sole proprietorship, an entity, or a joint venture or other arrangement. However, to be considered a local partner in a given country served by PEPFAR, the partner must meet the criteria under paragraph (1), (2), or (3) below within that country:

(1) an individual must be a citizen or lawfully admitted permanent resident of and have his/her principal place of business in the country served by the PEPFAR program with which the individual is or may become involved, and a sole proprietorship must be owned by such an individual; or

(2) an entity (e.g., a corporation or partnership): (a) must be incorporated or legally organized under the laws of, and have its principal place of business in, the country served by the PEPFAR program with which the entity is or may become involved; (b) must be at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 beneficially owned by individuals who are citizens or lawfully admitted

permanent residents of that same country, per sub-paragraph (2)(a), or by other corporations, partnerships or other arrangements that are local partners under this paragraph or paragraph (3); (c) at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the entity's staff (senior, mid-level, support) must be citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), and at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the entity's senior staff (i.e., managerial and professional personnel) must be citizens or lawfully admitted permanent residents of such country; and (d) where an entity has a Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country; or

(3) a joint venture, unincorporated association, consortium, or other arrangement in which at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the funding under the PEPFAR award is or will be provided to members who are local partners under the criteria in paragraphs (1) or (2) above, and a local partner is designated as the managing member of the organization.

Host government ministries (e.g., Ministry of Health), sub-units of government ministries, and parastatal organizations in the country served by the PEPFAR program are considered local partners. A parastatal organization is defined as a fully or partially government-owned or government-funded organization. Such enterprises may function through a board of directors, similar to private corporations. However, ultimate control over the board may rest with the government.

2. If the application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. The applicant will be notified that the application did not meet submission requirements.

- Late submissions will be considered non-responsive. See section “V.3. Submission Dates and Times” for more information on deadlines.
- If the total amount of appendices includes more than 80 pages, the application will not be considered for review. For this purpose, all appendices must have page numbers and must be clearly identified in the Table of Contents.
- An HIV/AIDS related funding matrix must be submitted in order for the application to be considered for review. All applicants must indicate whether they are receiving other HIV/AIDS related funding. If the applicant is receiving or has applied for other HIV/AIDS related funding, the following information must be submitted:
  - ✓ Funding mechanism (i.e. contract, CoAg, grant)
  - ✓ Amount of award
  - ✓ Period performance
  - ✓ Funding agency
  - ✓ Contact details for funding agency
  - ✓ Brief description of program activities

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive U.S. Government funds constituting a grant, loan, or an award.

### **Intergovernmental Review of Applications**

Executive Order 12372 does not apply to this program.

## **V. APPLICATION CONTENT**

Unless specifically indicated, this announcement requires submission of the following information:

**A Project Abstract** must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

The abstract must be submitted in the following format:

- Maximum of 2-3 paragraphs;
- Font size: 12 point unreduced, Times New Roman;
- Single spaced;
- Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size; and
- Page margin size: One inch.

**A Project Narrative** must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: 25 (If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.);
- Font size: 12 point, unreduced, Times New Roman;
- Double spaced;
- Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size;
- Page margin size: One inch;
- Number all pages of the application sequentially from page one (Application Face Page) to the end of the application, including charts, figures, tables, and appendices; and
- *Project Context and Background (Understanding and Need):* Describe the background and justify the need for the proposed project. Describe the current infrastructure system; targeted geographical area(s), if applicable; and identified gaps or shortcomings of the current health systems and AIDS control projects;
- *Project Strategy - Description and Methodologies:* Present a detailed operational plan for initiating and conducting the project. Clearly describe the applicant's technical approach/methods for implementing the proposed project. Describe the existence of, or plans to establish partnerships necessary to implement the project. Describe linkages, if appropriate, with programs funded by the U.S. Agency for International Development;
- *Project Goals and Objectives:* Describe the overall goals of the project, and specific objectives that are measurable and time phased, consistent with the objectives and numerical targets of the Emergency Plan and for this Cooperative

Agreement program as provided in the “Purpose” Section at the beginning of this Announcement;

- *Project Outputs:* Be sure to address each of the program objectives listed in the “Purpose” Section of this Announcement. Measures must be specific, objective and quantitative so as to provide meaningful outcome evaluation;
- *Project Contribution to the Goals and Objectives of the Emergency Plan:*  
Provide specific measures of effectiveness to demonstrate accomplishment of the objectives of this program;
- *Work Plan and Description of Project Components and Activities:* Be sure to address each of the specific tasks listed in the activities section of this announcement. Clearly identify specific assigned responsibilities for all key professional personnel;
- *Performance Measures:* Measures must be specific, objective and quantitative;
- *Timeline* (e.g., GANTT Chart);
- *Management of Project Funds and Reporting;* and

***An HIV/AIDS Related Funding Matrix:*** All applicants must indicate whether they are receiving other HIV/AIDS related funding. If the applicant is receiving or has applied for other HIV/AIDS related funding, the following information must be submitted:

- ✓ Funding mechanism (i.e. contract, CoAg, grant)
- ✓ Amount of award
- ✓ Period performance

- ✓ Funding agency
- ✓ Contact details for funding agency
- ✓ Brief description of program activities

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. **The total amount of appendices must not exceed 80 pages and can only contain information related to the following:**

- ***Project Budget Justification:***

With staffing breakdown and justification, provide a line item budget and a narrative with justification for all requested costs. Be sure to include, if any, in-kind support or other contributions provided by the national government and its donors as part of the total project, but for which the applicant is not requesting funding.

Budgets must be consistent with the purpose, objectives of the Emergency Plan and the program activities listed in this announcement and must include the following: line item breakdown and justification for all personnel, i.e., name, position title, annual salary, percentage of time and effort, and amount requested.

The recommended guidance for completing a detailed budget justification can be found on the HHS/CDC Web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

For each contract, list the following: (1) name of proposed contractor; (2) breakdown and justification for estimated costs; (3) description and scope of activities the contractor will perform; (4) period of performance; (5) method of contractor selection (e.g., competitive solicitation); and (6) methods of accountability. Applicants should, to the greatest extent possible, employ transparent and open competitive processes to choose contractors;

- ***Curricula vitae*** of current key staff who will work on the activity;
  - Principal Investigator (PI), Project Manager or Director; Senior Financial Official
- ***Job descriptions*** of proposed key positions to be created for the activity;
- ***Applicant’s Corporate Capability Statement;***
- ***Letters of Support*** (5 letters maximum);
  - If not possible to receive from Central Government, please consider provincial Government Directorates
- ***Evidence of Legal Organizational Structure; and***
- ***If applying as a Local Indigenous Partner,*** provide documentation to self-certify the applicant meets the PEPFAR local partner definition listed in “Special Requirements,” Part IV. ELIGIBILITY section of the FOA.

Additional requirements for additional documentation with the application are listed in Section VII. Award Administration Information, subsection entitled “Administrative and National Policy Requirements.”

## **APPLICATION SUBMISSION**

Registering your organization through [www.Grants.gov](http://www.Grants.gov), the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of [www.Grants.gov](http://www.Grants.gov). Please visit [www.Grants.gov](http://www.Grants.gov) at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR) annually. The CCR registration can require an additional one to two days to complete.

International organizations also require a NATO CAGE Code (NCAGE). The NCAGE request may take from two business days to two weeks to complete. NCAGE is needed before registering with the Central Contractor Registry (CCR). After registering with CCR, the applicant can proceed to register with Grants.gov (See “Other Submission Requirements” session below for more information).

Submit the application electronically by using the forms and instructions posted for this funding opportunity on [www.Grants.gov](http://www.Grants.gov). If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO-TIMS) staff at (770) 488-2700 for further instruction.

*Note: Application submission is not concluded until successful completion of the validation process.*

*After submission of your application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.*

*In the event that you do not receive a “validation” email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.*

#### **Other Submission Requirements**

A letter of intent is not applicable to this funding opportunity announcement.

#### **Dun and Bradstreet Universal Number (DUNS)**

The applicant is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) identifier to apply for grants or cooperative agreements from the Federal government. The DUNS is a nine-digit number which uniquely identifies business entities. There is no charge associated with obtaining a DUNS number. Applicants may obtain a DUNS number by accessing the [Dun and Bradstreet website](#) or by calling 1-866-705-5711. This is a requirement for domestic and international organizations. International registrants can confirm by sending an e-mail to [info@dnbsame.com](mailto:info@dnbsame.com), including Company Name, D-U-N-S Number and Physical Address and Country.”

### **Central Contractor Registration (CCR)**

The applicant is required to have a CCR registration to apply for grants or cooperative agreements from the Federal government. For more information on CCR and how to register go to [www.ccr.gov](http://www.ccr.gov).

### **Other Submission Requirement for International Organizations:**

#### **NATO CAGE Code (NCAGE)**

After obtaining DUNS, the applicant is required to have a NATO CAGE Code in order to apply for grants or cooperative agreements from the Federal government. Applicants can complete the request online at [www.dlis.dla.mil/forms/Form\\_AC135.asp](http://www.dlis.dla.mil/forms/Form_AC135.asp). If the organization cannot submit this form by Internet, the organization can obtain an NCAGE by contacting the National Codification Bureau of the country where the organization is located. For a list of addresses, go to [www.dlis.dla.mil/nato\\_poc.asp](http://www.dlis.dla.mil/nato_poc.asp). Please note that

NCAGE code is required for international organizations in order to register with the Central Contractor Registration (CCR) and Grants.gov.

**Electronic Submission of Application:**

Applications must be submitted electronically at [www.Grants.gov](http://www.Grants.gov). Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date.

The application package can be downloaded from [www.Grants.gov](http://www.Grants.gov). Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (<http://www.grants.gov>), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24

hours a day, 7 days a week. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at [support@grants.gov](mailto:support@grants.gov). Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

***Organizations that encounter technical difficulties in using [www.Grants.gov](http://www.Grants.gov) to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, [support@grants.gov](mailto:support@grants.gov)). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to PGO TIMS for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to PGO TIMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.***

***If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.***

### **Submission Dates and Times**

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements.

**Application Deadline Date:** April 11, 2011, 5:00pm U.S. Eastern Standard Time

### **VI. APPLICATION REVIEW INFORMATION**

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the “Purpose” section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

### **Evaluation Criteria**

**Eligible applications will be evaluated against the following criteria:**

**Ability to Carry Out the Proposal (30 points):**

- Does the applicant demonstrate the local experience of working in Mozambique, including direct experience in the provinces and districts the applicant specified in their application (5 points).
- Does the applicant have institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices or do they have a plan to achieve this? (10 points)
- Does the applicant have the ability to coordinate and collaborate with existing PEPFAR partners and other stakeholders? Is there evidence of leadership support and evidence of current or past efforts to enhance HIV prevention, care and treatment in Mozambique? (10 points)
- Does the applicant have the capacity to reach rural and other underserved populations in the stated provinces? To what extent does the applicant provide letters of support? (5 points)

**Technical and Programmatic Approach (25 points):**

- Does the application include an overall design strategy, including measurable time lines, clear monitoring and evaluation procedures, and specific activities related to meeting the HIV prevention, care treatment and system strengthening objectives in the target provinces? (5 points)
- Does the applicant display knowledge of the strategy and goals of the GoM and the Partnership Framework that exists between the USG PEPFAR and the GoM and are the proposed activities consistent with and pertinent to that strategy and goals? (5 points)

- Does the applicant describe activities that are evidence based, realistic, achievable, measurable and culturally appropriate to achieve the goals of the Mozambican health system? (5 points)
- Does the application include reasonable estimates of outcome targets? ( For example, the numbers of sites to be supported, number of individuals the program will reach.) (5 points)
- To what extent does the applicant propose to work with other organizations including provincial health directorates and district health directorates? (5 points)

The reviewers will assess the feasibility of the applicant's plan to meet the target goals, whether the proposed use of funds is efficient, and the extent to which the specific methods described are sensitive to the local culture.

**Capacity Building (10 points):**

- Does the applicant have a plan to develop its own organizational capacity as well as a plan to provide capacity building to other local organizations, provincial health directorates in Mozambique? (5 points)
- Does the applicant describe an adequate and measurable plan to progressively build the capacity of local organizations, community and faith based organizations and of target beneficiaries to respond to the epidemic (potentially by providing pre- and in-service trainings, and by providing clinical and management mentoring)? (5 points)

**Monitoring and Evaluation (15 points):**

- Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? (5 points)
- Does the proposal include indicators developed for each program objective? (5 points)
- Does the applicant describe a system for reviewing and adjusting program activities based on monitoring information obtained by using innovative, participatory methods and standard approaches including electronic or paper-based tracking systems? (5 points)

Applicants must define specific output and outcome indicators, and must have realistic targets in line with the targets addressed in the Activities section of this announcement.

**Personnel (10 points):**

- Does the organization employ staff with the appropriate skills for this project; if only positions have been identified, does the organization have clear job descriptions? (5 points)
- Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of the proposed project? (5 points)

Curricula vitae should be included for the key personnel and should provide evidence that they are qualified in the following areas: management of HIV/AIDS programs, management of administrative and financial systems, organizational capacity building.

**Engagement with the Community and Faith Based Organizations (10 points):**

- Does the applicant have clear plans to directly engage with community organizations, including faith-based organizations in the province to provide mentorship and increase community linkages to HIV?(10 points)

These plans should include the provision of technical assistance, financial assistance, and monitoring & evaluation of the activities included in this engagement.

**Budget (Reviewed, but not scored):**

Is the itemized budget for conducting the project, along with justification, reasonable and consistent with stated objectives and planned program activities? Is the budget itemized, well justified and consistent with the goals of the President's Emergency Plan for AIDS Relief? If applicable, are there reasonable costs per client reached for both year one and later years of the project?

**Funding Restrictions**

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.

- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.
- The applicant may contract with other organizations under this program; however the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required.)
- All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
- Foreign grantees are subject to audit requirements specified in 45 CFR 74.26(d). A non-Federal audit is required, if during the grantees fiscal year, the grantee expended a total of \$500,000.00 or more under one or more HHS awards (as a direct grantee and/or as a sub-grantee). The grantee either may have (1) A financial related audit (as defined in the Government Auditing Standards, GPO stock #020-000-00-265-4) of a particular award in accordance with Government Auditing Standards, in those case where the grantee receives awards under only one HHS program; or, if awards are received under multiple HHS programs, a financial related audit of all HHS awards in accordance with Government

Auditing Standards; or (2) An audit that meets the requirements contained in OMB Circular A-133.

- A fiscal Grantee Capability Assessment may be required, prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

### **The 8% Rule**

The President's Emergency Plan for AIDS Relief (PEPFAR) seeks to promote sustainability for programs through the development, use, and strengthening of local partnerships. The diversification of partners also ensures additional robust capacity at the local and national levels.

To achieve this goal, the Office of the Global AIDS Coordinator (OGAC) establishes an annual funding guideline for grants and cooperative agreement planning. Within each annual PEPFAR country budget, OGAC establishes a limit for the total amount of U.S. Government funding for HIV/AIDS activities provided to a single partner organization under all grant and cooperative agreements for that country. **For U.S. Government fiscal year (FY) 2011, the limit is no more than 8 percent of the country's FY 2011 PEPFAR program funding (excluding U.S. Government management and staffing costs), or \$2**

**million, whichever is greater.** The total amount of funding to a partner organization includes any PEPFAR funding provided to the partner, whether directly as prime partner or indirectly as sub-grantee. In addition, subject to the exclusion for umbrella awards and drug/commodity costs discussed below, all funds provided to a prime partner, even if passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an organization under contracts are not applied to the 8 percent/\$2 million single partner ceiling. Single-partner funding limits will be determined by PEPFAR after the submission of the COP(s). Exclusions from the 8 percent/\$2 million single-partner ceiling are made for (a) umbrella awards, (b) commodity/drug costs, and (c) Government Ministries and parastatal organizations. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. For umbrella awards, grants officers will determine whether an award is an umbrella for purposes of exception from the cap on an award-by-award basis. Grants or cooperative agreements in which the primary objective is for the organization to make sub-awards and at least 75 percent of the grant is used for sub-awards, with the remainder of the grant used for administrative expenses and technical assistance to sub-grantees, will be considered umbrella awards and, therefore, exempted from the cap. Agreements that merely include sub-grants as an activity in implementation of the award but do not meet these criteria will not be considered umbrella awards, and the full amount of the award will count against the cap. All commodity/drug costs will be excluded from partners' funding for the

purpose of the cap. The remaining portion of awards, including all overhead/management costs, will be counted against the cap.

Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S. Government fiscal year in the relevant country. An applicant whose grants or cooperative agreements have already met or exceeded the maximum, annual single-partner limit may submit an application in response to this RFA/APS/FOA. However, applicants whose total PEPFAR funding for this country in a U.S. Government fiscal year exceeds the 8 percent/\$2 million single partner ceiling at the time of award decision will be ineligible to receive an award under this RFA/APS/FOA unless the U.S. Global AIDS Coordinator approves an exception to the cap. **Applicants must provide in their proposals the dollar value by U.S. Government fiscal year of current grants and cooperative agreements (including sub-grants and sub-agreements) financed by the Emergency Plan, which are for programs in the country(ies) covered by this RFA/APS/FOA.** For example, the proposal should state that the applicant has \$\_\_\_\_\_ in FY 2011 grants and cooperative agreements (for as many fiscal years as applicable) in Mozambique. For additional information concerning this RFA/APS/FOA, please contact the Grants Officer for this RFA/APS/FOA.

### **Prostitution and Related Activities**

The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons.

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document (“recipient”) cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides. A recipient that is otherwise eligible to receive funds in connection with this document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the recipient has a religious or moral objection. Any information provided by recipients about the use of condoms as part of projects or activities that are funded in connection with this document shall be medically accurate and shall include the public health benefits and failure rates of such use.

In addition, any recipient must have a policy explicitly opposing prostitution and sex trafficking. The preceding sentence shall not apply to any “exempt organizations” (defined as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health

Organization and its six Regional Offices, the International AIDS Vaccine Initiative or to any United Nations agency).

The following definition applies for purposes of this clause:

- Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. § 7102(9).

All recipients must insert provisions implementing the applicable parts of this section, “Prostitution and Related Activities,” in all subagreements under this award. These provisions must be express terms and conditions of the subagreement, must acknowledge that compliance with this section, “Prostitution and Related Activities,” is a prerequisite to receipt and expenditure of U.S. government funds in connection with this document, and must acknowledge that any violation of the provisions shall be grounds for unilateral termination of the agreement prior to the end of its term. Recipients must agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that relate to the organization’s compliance with this section, “Prostitution and Related Activities.”

All prime recipients that receive U.S. Government funds (“prime recipients”) in connection with this document must certify compliance prior to actual receipt of such funds in a written statement that makes reference to this document (e.g., “[Prime recipient's name] certifies compliance with the section, ‘Prostitution and Related

Activities.’”) addressed to the agency’s grants officer. Such certifications by prime recipients are prerequisites to the payment of any U.S. Government funds in connection with this document.

Recipients' compliance with this section, “Prostitution and Related Activities,” is an express term and condition of receiving U.S. Government funds in connection with this document, and any violation of it shall be grounds for unilateral termination by HHS of the agreement with HHS in connection with this document prior to the end of its term. The recipient shall refund to HHS the entire amount furnished in connection with this document in the event HHS determines the recipient has not complied with this section, “Prostitution and Related Activities.”

*Any enforcement of this clause is subject to Alliance for Open Society*

*International v. USAID, 05 Civ. 8209 (S.D.N.Y., orders filed on June 29, 2006 and August 8, 2008)(orders gaining preliminary injunction) for the term of the Orders.*

*The List of the members of GHC and InterAction is found at:*

[http://www.usaid.gov/business/business\\_opportunities/cib/pdf/GlobalHealthMemberlist.pdf](http://www.usaid.gov/business/business_opportunities/cib/pdf/GlobalHealthMemberlist.pdf).

### **Application Review Process**

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by HHS/CDC Global AIDS Program staff and PGO. Incomplete

applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet eligibility and/or published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section VI. Application Review Information, subsection entitled “Evaluation Criteria”. The panel may include both U.S. Federal Government and non-U.S. Federal Government participants.

### **Applications Selection Process**

Applications will be funded in order by score and rank determined by the review panel unless funding preferences or other considerations stated in the FOA apply.

CDC will provide justification for any decision to fund out of rank order.

## **VII. AWARD ADMINISTRATION INFORMATION**

### **Award Notices**

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

### **Administrative and National Policy Requirements**

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-4 HIV/AIDS Confidentiality Provisions
- AR-5 HIV Program Panel Requirements
- AR-6 Patient Care
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-12 Lobbying Restrictions
- AR-13 Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status
- AR-21 Small, Minority, and Women-Owned Business
- AR-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data
- AR-27 Conference Disclaimer and Use of Logos

- AR-29 Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009
- AR-30 Section 508 Compliance

Additional information on the requirements can be found on the CDC Web site at the following Internet address: [http://www.cdc.gov/od/pgo/funding/Addtl\\_Reqmnts.htm](http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm).

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:  
<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

## **TERMS AND CONDITIONS**

### Reporting Requirements

Each funded applicant must provide CDC with an annual Interim Progress Report submitted via [www.grants.gov](http://www.grants.gov):

1. The interim progress report is due no less than 90 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:
  - a. Standard Form (“SF”) 424S Form.
  - b. SF-424A Budget Information-Non-Construction Programs.

- c. Budget Narrative.
- d. Project Narrative.
- e. Activities and Objectives for the Current Budget Period;
- f. Financial Progress for the Current Budget Period;
- g. Proposed Activity and Objectives for the New Budget Period Program;
- h. Budget;
- i. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for **Mozambique**; and
- j. Additional Requested Information;

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

1. Quarterly progress reports, due at the end of each budget period quarter. Reports should include activities for the reporting quarter, including success and challenges; activities planned for the next quarter; budget; measures of effectiveness; and, any other requested information;
2. Financial Status Report (SF 269), no more than 90 days after the end of the budget period.
3. Final performance and Financial Status Reports, no more than 90 days after the end of the project period.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VIII below entitled “Agency Contacts”.

## **VIII. AGENCY CONTACTS**

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Paula Morgan, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

JAT Complex 4 Ave. Zedequias Manganhela, 267

Maputo, Mozambique

Telephone: +258 84 305 1424

E-mail: [morganp@mz.cdc.gov](mailto:morganp@mz.cdc.gov)

For **financial, grants management, or budget assistance**, contact:

Brownie Anderson-Rana, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS: K-75

Atlanta, GA 30341

Telephone: 770-488-2771

E-mail: [bandersonrana@cdc.gov](mailto:bandersonrana@cdc.gov)

For **assistance with submission difficulties**, contact Grants.gov (see page 33):

Phone: 1-800-518-4726

Email: [support@grants.gov](mailto:support@grants.gov)

Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For **application submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: [pgotim@cdc.gov](mailto:pgotim@cdc.gov)

CDC Telecommunications for the hearing impaired or disabled is available at:

TTY 1-888-232-6348

### **Other Information**

Other CDC funding opportunity announcements can be found on Grants.gov Web site,

Internet address: <http://www.grants.gov>.

### **Questions and Answers:**

1. Will the “HIV/AIDs related funding matrix” count towards the page limit of the Appendices or will it be considered separate?

**Answer:** Yes, the matrix would be considered part of the appendices.

2. The RFA requires that local indigenous partners “provide documentation to self-certify the applicant meets the PEPFAR local partner definition listed in ‘Special Requirements.’” What manner of documentation would CDC like to see to demonstrate this? How is this different from the “Evidence of Legal Organizational Structure?”

**Answer:** The organization can choose to use the same document to prove both PEPFAR definition and evidence of legal structure. For the purpose of the PEPFAR definition, the document should ensure that it meets the requirements as outlined in the FOA language

3. Page 4, 2nd paragraph mentions (seven) geographic areas namely: ...but there are only 6 province names are listed. So are there 6 or 7?

**Answer:** The seventh geographic area is Maputo City

4. Page 6, 1. HIV Care # c: is there a more precise definition of "malnourished" which BMI?

**Answer:** This FOA is following standard Ministry of Health and/or WHO definitions of malnourishment

5. Page 9, engagement of community... Can sub-awards be allocated to INGOs or only local NGOs/groups?

**Answer:** Sub-awards are not limited to only local NGO groups but the expectation is that the majority of funds under this FOA would support local groups

6. Page 12 last paragraph: does the first year focus on 2 to 3 Province apply to both awardees together and 2 to 3 per LNGO?

**Answer:** The intention of this FOA is to identify 1-2 partners that will need to identify in which provinces they will work.

7. Page 12 last paragraph: is expected the first year focus ONLY to be on supporting community/faith-based HIV interventions and HSS activities or should the application also include site support activities for the FIRST year?

**Answer:** CDC considers site support activities as part of the HSS portfolio as this is system strengthening and capacity building activities to the health sites

8. Page 38 paragraph BUDGET: ... reasonable costs per client reached ... After CDC has conducted costing exercises for programs and cost/patient in the past in Mozambique, could the term "reasonable cost per client" be more specified and defined in cost in USD/patient ?

**Answer:** Unfortunately data is not available in such format; we still strongly encourage all applicants to include justifications for reasonable costs per client/service